Applied For Not Applicable

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000085054

1. Corporation Name

BOCA AIRPORT HANGARS, INC.

Principal Place of Business Mailing Address		t 1884/885 til 18488 tilti 881), 88111 88111 88111 88111 88111 88111				
3700 AIRPORT ROAD BOCA RATCIN FL 33431	3700 AIRPORT ROAD BOCA RATON FL 33431	DO NOT WRITE IN THIS SPACE				
		3. Date Incorporated or Qualifed 12/06/1993				
2. Principal Place of Business	2a. Mailing Address	4, FEI Number	Applied For			
21	26 1900 Glades Rd.	65-0467857	Not Applica			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certifcate of Status Desired	\$8.75 Additional Fee Required			
City & State	City & State 28 BOCA Raton, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip Country 24 25	Zip Country Country 33 43 1 30 US	This corporation owes the current year     Personal Property Tax.	Intangible ☐ Yes ☐ No			
9. Name and Address of Cu	rrent Registered Agent	10, Name and Address of New Registers d Agent				

BRESLOW, RICHARD H 37'00 AIRPORT ROAD **BOCA RATON FL 33431** 

$\mathcal{O}_{\cdot}^{\cdot}$	S Pers	orial Property T	ax.	☐ Yes	sNo
Γ	10, Nam	e and Address	s of New Registers	d Agent	
81	Name Richard	t H.	Breslow		
82	Street Arldress (P.O. B	o Number is N	ot Acceptable)		
83	Suite	0145			
84	City ()	Palan		85	Zip Code

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90005 045 \*\*\*150.00

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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.									
SIGNATURE	Signature, typed or printed in near registered agent and fittle if applicable (NOT E. Re	egistered Agent signature r	equired when reinstating)	4-21- DATE	-19				
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS	CHANGES TO OFFICERS	AND DIRECTOR	IS IN 12			
TITLE	D DELETE	1,1 TITLE	Director - Cl	nairman	Change	Addition			
NAME	GREENBERG, MARTIN F	1,2 NAME	Martin F.	Greenberg .	0 345				
STREET ADDRESS	3700 AIRPORT ROAD	1.3 STREET ADDRESS	1900 Glade	Greenberg es Road, Suiti	c 270				
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY+ST-ZIP	Boca Rato	m, FL 33431					
TITLE	PD DELETE	2.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition			
NAME I	WANTSHOUSE, MARK	2.2 NAME							
STREET ADDRESS	3700 AIRPORT RD.	2.3 STREET ADDRESS							
CITY-ST-ZIP	BOCA RATON FL	2. 4 CITY-ST-ZIP							
TITLE	DELETE	3.1 TITLE			☐ Change	☐ Addition			
NAME	STEINBERG, PAUL B	3.2 NAME				]			
STREET ADDRE 3S	767 ARHTUR GODFREY RD.	3 3 STREET ADDRESS							
CITY-ST-ZIP	MIAMI BCH. FL	3.4. CITY-ST-ZIP							
TITLE	ST	4,1 TITLE			Change	☐ Addition			
NAME	SMITH, DAVID	4, 2 NAME							
STREET ADDRESS	3700 AIRPORT ROAD	4,3 STREET ADDRESS							
CITY-ST-ZIP	BOCA RATON FL 33431	4.4 CITY-ST-ZIP							
TITLE	☐ DELETE	5.1 TITLE			☐ Change	Addition			
NAME		52 NAME							
STREET ADDRESS		5.3 STREET ADDRESS							
CITY-ST-ZIP		5.4 CITY-ST-ZIP							
TITLE	☐ DELETE	6.1 TITLE			Change	☐ Addition			
NAME		6.2 NAME							
STREET ADDRESS		6.3 STREET ADDRESS							
		A ( OID) OT TIE							

64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR